

Government Claims Program  
Office of Risk and Insurance Management  
Department of General Services  
P.O. Box 989052, MS 414  
West Sacramento, CA 95798-9052



For Office Use Only  
Government Claims Program  
AUG 27 2018  
RECEIVED

1-800-955-0045 • [www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx](http://www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx)

Clear Form

Print Form

**Is your claim complete?**

- ☒ Include a check or money order for \$25 payable to the State of California. 18007946
- ☒ Complete all sections relating to this claim and sign the form. Please print or type all information.
- ☒ Attach copies of any documentation that supports your claim. Please do not submit originals.

**Claimant Information** Use name of business or entity if claimant is not an individual

1	Tuleyome	2	Tel: 530-350-2599	
	Last name		First Name	MI
		3	Email: kehrhardt@tuleyome.org	
4	607 North Street	Woodland	CA	95695
	Mailing Address	City	State	Zip
5	Inmate or patient number, if applicable:			
6	Is the claimant under 18?	If Yes, please give date of birth:		
7				

If you are an insurance company claiming subrogation, please provide your insured's name in section 7.

8	
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If your claim relates to another claim or claimant, please provide the claim number or claimant's name in section 8.

**Attorney or Representative Information**

9		10	Tel:	
	Last name		First Name	MI
		11	Email:	
12				
	Mailing Address	City	State	Zip
13	Relationship to claimant:			

**Claim Information** Please add attachments as necessary

14	Is your claim for a state-dated warrant (uncashed check)? <input type="radio"/> Yes <input checked="" type="radio"/> No If No, skip to Step 15.			
	State agency that issued the warrant:			
	Dollar amount of warrant:	Date of issue:		
	Warrant number:	MM/DD/YYYY		
15	Date of Incident: sometime between June 23 and June 30, 2018			
	Was the incident more than six months ago?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
	If YES, did you attach a separate sheet with an explanation for the late filing?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
16	State agencies or employees against whom this claim is filed:			
	CalFire			
17	Dollar amount of claim: \$6,000.00			
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="radio"/> Limited civil case (\$25,000 or less) <input checked="" type="radio"/> Non-limited civil case (over \$25,000)		
	Explain how you calculated the amount: Tuleyome received a written estimate from a local contractor to mend and rehang the existing gate for \$4,600. In addition to the gate, 100 feet of wire fencing was dozed by CalFire to create a fire break. Typically it is \$14/linear foot to install this type of fencing. The total to fix and rehang the gate and reinstall the fencing is \$6,000.00			

<b>18</b>	Location of the incident: Tuleyome's Silver Spur Ranch; APN 016-036-04, private property approximately 6.5 miles from the intersection of Walker Ridge Road and State Highway 20.																																																				
<b>19</b>	Describe the specific damage or injury: To allow access of heavy equipment to the property, the gate has been pushed hard enough to bend it and detach it from both it's anchor post and locking post. The sliding lock bar is bent and the lock cage has been snapped off of the gate. The gate is too heavy to lift and inspect; there may be additional damage that cannot be seen while the gate is laying down. In addition, 100 feet of fencing was removed by vehicles during the creation of fire breaks on the property.																																																				
<b>20</b>	Explain the circumstances that led to the damage or injury: The damage occurred during efforts to contain the Pawnee Fire.																																																				
<b>21</b>	Explain why you believe the state is responsible for the damage or injury: Fire Captain Bud Sullins has inspected the gate and claimed CalFire responsibility. James.Sullins@fire.ca.gov 213-431-4027																																																				
<b>22</b>	Does the claim involve a state vehicle? <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> If YES, provide the vehicle license number, if known: unknown if it was a CalFire or a state contracted vehicle																																																				
<b>Auto Insurance Information</b>																																																					
<b>23</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">Name of Insurance Carrier</td> </tr> <tr> <td style="width: 45%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Mailing Address</td> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Policy Number:</td> <td colspan="2" style="padding: 2px;">Tel:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Are you the registered owner of the vehicle?</td> <td colspan="2" style="padding: 2px; text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="4" style="padding: 2px;">If NO, state name of owner:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Has a claim been filed with your insurance carrier, or will it be filed?</td> <td colspan="2" style="padding: 2px; text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Have you received any payment for this damage or injury?</td> <td colspan="2" style="padding: 2px; text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="4" style="padding: 2px;">If yes, what amount did you receive?</td> </tr> <tr> <td colspan="4" style="padding: 2px;">Amount of deductible, if any:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Claimant's Drivers License Number:</td> <td colspan="2" style="padding: 2px;">Vehicle License Number:</td> </tr> <tr> <td style="padding: 2px;">Make of Vehicle:</td> <td style="padding: 2px;">Model:</td> <td colspan="2" style="padding: 2px;">Year:</td> </tr> <tr> <td colspan="4" style="padding: 2px;">Vehicle ID Number:</td> </tr> </table>	Name of Insurance Carrier								Mailing Address	City	State	Zip	Policy Number:		Tel:		Are you the registered owner of the vehicle?		<input type="radio"/> Yes <input type="radio"/> No		If NO, state name of owner:				Has a claim been filed with your insurance carrier, or will it be filed?		<input type="radio"/> Yes <input type="radio"/> No		Have you received any payment for this damage or injury?		<input type="radio"/> Yes <input type="radio"/> No		If yes, what amount did you receive?				Amount of deductible, if any:				Claimant's Drivers License Number:		Vehicle License Number:		Make of Vehicle:	Model:	Year:		Vehicle ID Number:			
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<b>Notice and Signature</b>																																																					
<b>24</b>	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72). <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;">             Signature of Claimant or Representative         </div> <div style="text-align: center;">           BRET THOMAS HEWITT            Printed Name         </div> <div style="text-align: center;">           Date: 8/24/2018         </div> </div>																																																				
<b>25</b>	Mail this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 989052, MS 414, West Sacramento, CA 95798-9052. Forms can also be delivered to the Office of Risk and Insurance Management, 707 3rd street, 1st Floor ORIM, West Sacramento, CA 95605.																																																				





Tuleyome Silver Spur Ranch gate damage



# Proposal

AAA Welding & Fab  
808 Bevins St. Ste 4  
Lakeport, CA 95453  
shop 707-263-9352 cell 707-799-3364

Bob Schneider

PROPOSAL SUBMITTED TO

Tuleyome LAND CONSERVATION

PHONE

916-799-6463

DATE

7-13-18

STREET

WALKER RIDGE property

JOB NAME

CITY, STATE AND ZIP CODE

JOB LOCATION

ARCHITECT

DATE OF PLANS

JOB PHONE

We hereby submit specifications and estimates for:

Reinstall EXISTING GATE w/ replacing MAIN  
posts. Removal of posts, Reset GATE, fix  
locking system, fix hinge system ON GATE  
for the sum of 4600<sup>00</sup>

We propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

2100<sup>00</sup> Deposit

dollars (\$ 4600<sup>00</sup> )

Payment to be made as follows:

2500<sup>00</sup> Due on completion

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be included only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized  
Signature

Note: This proposal may be  
withdrawn by us if not accepted within

days.

**Acceptance of Proposal** — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance

Signature

Signature

Tuleyome estimate to fix and rehang gate



# TULEYOME

607 NORTH STREET

WOODLAND, CA 95695

SACRAMENTO CA 957

24 AUG 2019 PM 3:1



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95798-905252

